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PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION **TRANSMITTAL** 

|  | Attorney Docket No.    |                                                                                  |
|--|------------------------|----------------------------------------------------------------------------------|
|  | First Inventor         | Jay T. Holt                                                                      |
|  | Title                  | Sight-Through Aiming Device for Billian                                          |
|  | Express Mail Label No. | Sight-Through Aiming Device for Billing<br>Jeposites<br>EU123607750US (11-18-03) |

| (Only for t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | new nonprovisional applications under 37 CFR 1.33(b))                                                                                                                                                                                                                       | Express Mail Label No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | E4123607150US [11-18-03]                                                                              |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| See MPEP (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | APPLICATION ELEMENTS chapter 600 concerning utility patent application contents.                                                                                                                                                                                            | ADDRESS TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria VA 22313-1450 |  |  |  |  |  |  |
| (Submil. 2. Application Application See 3. 3. Specification (preferring - Descriptor - Cross - State) - Referring - Referring - Backgrand - Backgrand - Claimm - Abstraction - Abstraction - Claimm - Abstraction - Application - | act of the Disclosure  ng(s) (35 U.S.C. 113) [Total Sheets5]                                                                                                                                                                                                                | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other: |                                                                                                       |  |  |  |  |  |  |
| a. V Ner b. Cop (for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | py from a prior application (37 CFR 1.63(d)) r continuation/divisional with Box 18 completed)  DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). ication Data Sheet. See 37 CFR 1.76 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |  |  |  |  |  |  |
| 18. If a CONTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUING APPLICATION, check appropriate box, and sup<br>flowing the title, or in an Application Data Sheet under 3                                                                                                                                                             | ply the requisite information 7 CFR 1.76:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n below and in the first sentence of the                                                              |  |  |  |  |  |  |
| Continuation  Divisional  Continuation-in-part (CIP)  of prior application No.:  Prior application information:  Examiner  Examiner  Art Unit:  For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                             | DENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |  |  |  |  |  |  |
| Custom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ner Number:                                                                                                                                                                                                                                                                 | OR [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Correspondence address below                                                                          |  |  |  |  |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Day T. Holt                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |  |  |  |  |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7032 Millstone Riber (+                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |  |  |  |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Raleigh                                                                                                                                                                                                                                                                     | State NC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Zip Code 27614                                                                                        |  |  |  |  |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UI JA                                                                                                                                                                                                                                                                       | elephone 919-676-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |  |  |  |  |  |  |
| Name (Print/Type) Jay T. Hol+ Registration No. (Attorney/Agent) 54, 181                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |  |  |  |  |  |  |
| Signature  Date 11-18-03  This collection of information is required by 37 CFR 1-53(b). The information is required to obtain or retain a heapfit by the public which is to file (and by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |  |  |  |  |  |  |
| Inis collection of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | untermation is required by 37 CEP 1.53(b). The information is                                                                                                                                                                                                               | e required to obtain or main c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | bonofit by the public which is to file (and by the                                                    |  |  |  |  |  |  |

Inis collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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| PTO/SB/17 (10-03)  Approved for use through 07/31/2006. OMB 0651-0032  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. |                     |                              |              |          |                            |                                                                         |              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------|--------------|----------|----------------------------|-------------------------------------------------------------------------|--------------|--|
|                                                                                                                                                                                                                                                                                                   |                     | Complete if Known            |              |          |                            |                                                                         |              |  |
| FEE TRANSMITTA                                                                                                                                                                                                                                                                                    | Lļ                  | Applio                       | cation N     | lumbe    | r T                        |                                                                         |              |  |
|                                                                                                                                                                                                                                                                                                   |                     | Filing D                     |              |          |                            |                                                                         |              |  |
| ₽ for FY 2004                                                                                                                                                                                                                                                                                     |                     | First Named Inventor         |              | Inr      | Jay T. Holt                |                                                                         |              |  |
| Effective 10/01/2003. Patent fees are subject to annual revision.                                                                                                                                                                                                                                 |                     | Examiner Name                |              |          | <del>"</del>               |                                                                         |              |  |
| Applicant claims small entity status. See 37 CFR 1.27                                                                                                                                                                                                                                             |                     |                              |              |          | ᅱ                          |                                                                         | _            |  |
| TOTAL AMOUNT OF PAYMENT (\$) 385                                                                                                                                                                                                                                                                  |                     | Art Unit Attorney Docket No. |              |          | <del>,  </del>             |                                                                         |              |  |
| METHOD OF PAYMENT (check all that apply)                                                                                                                                                                                                                                                          |                     | 7111071                      | .0, 200      |          |                            | LCULATION (continued)                                                   |              |  |
|                                                                                                                                                                                                                                                                                                   | 3. ADDITIONAL FEES  |                              |              |          |                            |                                                                         |              |  |
| Order Order                                                                                                                                                                                                                                                                                       |                     |                              | Small        |          | 3                          |                                                                         |              |  |
| Deposit Account:                                                                                                                                                                                                                                                                                  | Fee                 | Fee                          | Fee          | Fee      |                            | Fee Description                                                         |              |  |
| Deposit Account                                                                                                                                                                                                                                                                                   | Code                | .,,                          | Code         |          | O1-                        | ·                                                                       | Fee Paid     |  |
| Number Deposit                                                                                                                                                                                                                                                                                    | 1051                |                              | 2051<br>2052 |          |                            | arge - late filing fee or oath<br>arge - late provisional filing fee or |              |  |
| Account<br>Name                                                                                                                                                                                                                                                                                   |                     |                              |              | (        | cover                      | sheet                                                                   |              |  |
| The Director is authorized to: (check all that apply)                                                                                                                                                                                                                                             | 1053                |                              | 1053         |          |                            | inglish specification                                                   |              |  |
| Charge fee(s) indicated below . Credit any overpayments                                                                                                                                                                                                                                           |                     | 2,520                        | 1812 2       | •        |                            | ng a request for ex parte reexamination                                 | <del> </del> |  |
| Charge any additional fee(s) or any underpayment of fee(s)                                                                                                                                                                                                                                        | 1804                | 920*                         | 1804         | 920* 1   | Reque<br>Exam              | esting publication of SIR prior to<br>iner action                       |              |  |
| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.                                                                                                                                                                                                 | 1805                | 1,840*                       | 1805 1       |          |                            | esting publication of SIR after iner action                             |              |  |
|                                                                                                                                                                                                                                                                                                   | 1251                | 110                          | 2251         |          |                            | sion for reply within first month                                       |              |  |
| FEE CALCULATION                                                                                                                                                                                                                                                                                   | 1252                | 420                          | 2252         |          |                            | sion for reply within second month                                      |              |  |
| 1. BASIC FILING FEE Large Entity Small Entity                                                                                                                                                                                                                                                     | 1253                | 950                          | 2253         | 475      | Exter                      | sion for reply within third month                                       |              |  |
| Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)                                                                                                                                                                                                                                      | 1254                | 1,480                        | 2254         | 740      | Exter                      | sion for reply within fourth month                                      |              |  |
| 1001 770 2001 395 Utility filing for                                                                                                                                                                                                                                                              | 1255                | 2,010                        | 2255         | 1,005    | Exter                      | sion for reply within fifth month                                       |              |  |
| 1002 340 2002 170 Design filing fee                                                                                                                                                                                                                                                               | 1401                | 330                          | 2401         | 165      | Notic                      | e of Appeal                                                             |              |  |
| 1003 530 2003 265 Plant filing fee                                                                                                                                                                                                                                                                | 1402                | 330                          | 2402         | 165      | Filing                     | a brief in support of an appeal                                         |              |  |
| 1004 770 2004 385 Reissue filing fee                                                                                                                                                                                                                                                              | 1403                | 290                          | 2403         | 145      | Requ                       | est for oral hearing                                                    |              |  |
| 1005 160 2005 80 Provisional filing fee                                                                                                                                                                                                                                                           | 1451                | 1,510                        | 1451         | 1,510    | Petitio                    | on to institute a public use proceeding                                 |              |  |
| SUBTOTAL (1) (\$) 385                                                                                                                                                                                                                                                                             | .1452               | 110                          | 2452         | 55       | Petitio                    | on to revive - unavoidable                                              |              |  |
| ( / (\frac{1}{1}                                                                                                                                                                                                                                                                                  | 1453                | 1,330                        | 2453         | 665      | Petiti                     | on to revive - unintentional                                            |              |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE                                                                                                                                                                                                                                                       | 1501                | 1,330                        | 2501         | 665      | Utility                    | issue fee (or reissue)                                                  |              |  |
| Total Claims 6 -20** = X                                                                                                                                                                                                                                                                          | 1502                | 480                          | 2502         |          | _                          | n issue fee                                                             |              |  |
| Independent 1 3** -                                                                                                                                                                                                                                                                               | 1503                |                              | 2503         |          |                            | issue fee                                                               |              |  |
| Claims                                                                                                                                                                                                                                                                                            | 1460                |                              | 1460         |          |                            | ons to the Commissioner                                                 |              |  |
|                                                                                                                                                                                                                                                                                                   | 1807                | 50                           | 1807         |          |                            | essing fee under 37 CFR 1.17(q)                                         | <u> </u>     |  |
| Fee Fee Fee Fee Description                                                                                                                                                                                                                                                                       | 1806                | 180                          | 1806         |          |                            | ission of Information Disclosure Stmt                                   |              |  |
| Code (\$)                                                                                                                                                                                                                                                                                         | 8021                | 40                           | 8021         | 40       | brobe                      | rding each patent assignment per<br>rty (times number of properties)    |              |  |
| 1202 18 2202 9 Claims in excess of 20<br>1201 86 2201 43 Independent claims in excess of 3                                                                                                                                                                                                        | 1809                | 770                          | 2809         | 385      | Filing                     | a submission after final rejection                                      |              |  |
| 1203 290 2203 145 Multiple dependent claim, if not paid                                                                                                                                                                                                                                           | 1810                | 770                          | 2810         |          |                            | FR 1.129(a)) ach additional invention to be                             |              |  |
| 1204 86 2204 43 ** Reissue independent claims                                                                                                                                                                                                                                                     | 1 .0.0              | ,,,                          | 2010         |          |                            | ined (37 CFR 1.129(b))                                                  |              |  |
| over original patent                                                                                                                                                                                                                                                                              | 1801                |                              | 2801         |          |                            | uest for Continued Examination (RCE)                                    |              |  |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent                                                                                                                                                                                                                         | 1802                | 900                          | 1802         | 900      |                            | uest for expedited examination<br>design application                    | <u> </u>     |  |
| SUBTOTAL (2) (\$)                                                                                                                                                                                                                                                                                 | Other fee (specify) |                              |              |          |                            |                                                                         |              |  |
| **or number previously paid, if greater; For Reissues, see above                                                                                                                                                                                                                                  | *Red                | luced by                     | Basic F      | iling Fe | e Pai                      | d SUBTOTAL (3) (\$)                                                     |              |  |
| SUBMITTED BY                                                                                                                                                                                                                                                                                      |                     |                              |              |          | (Complete (if applicable)) |                                                                         |              |  |

SUBMITTED BY

Name (Print/Type)

Jay T. Holt

Registration No. (Attornev/Agent)

Signature

(Complete (if applicable))

Telephone 919-676-8558

Date

1/- 17-03

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